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STATE OF ALASKA DIVISION OF MOTOR VEHICLES DRIVER LICENSE, PERMIT OR IDENTIFICATION CARD TRANSACTION APPLICATION

	FIRST NAME		MIDDLE NAME		LAST NAME				SUFFIX		
PERSONAL INFORMATION	ALASKA LICENSE/ID NUMBER			□ NONE DATE C		TH	SOCIAL SECURITY NUMBER		□ NONE		
	SEX		HEIGHT (FEET/INCHES)		WEIGHT (LBS)		HAIR COLOR		EYE COLOR		
	BIRTH CITY			BIRTH STATE			BIRTH COUNTRY				
	MAILING ADDRESS			CITY STATE			ZIP				
	RESIDENCE ADDRESS (Printed on Card)			CITY		STATE		ZIP			
	EMAIL ADDRESS						PHONE NU	MBER			
FEDERAL LIMIT SELECTION		CARD	TYPE(S)		AND/OR IT TYPE	OPTIONAL CARD DESIGNATORS		COMMERCIAL CLASS	COMMERCIAL ENDORSEMENT(S)		
REAL ID COMPLIANT		□IDENTIFI	ICATION CARD	☐ NON-COMMERCIAL		☐ ORGAN DO	NOR	☐ CLASS A	☐ PASSENGER		
☐ STANDARD		☐ DRIVER	LICENSE	☐ COMMERCIAL		☐ VETERAN		☐ CLASS B	☐ SCHOOL BUS		
Standard cards may not be used for commercial air travel after 5/3/23.		□INSTRUC	CTION PERMIT	☐ MOTORCYCLE		☐ HIDDEN DIS	SABILITY	☐ CLASS C	☐ DOUBLES/TRIPLES		
				☐ OTHER					☐ TANK		
									☐ HAZARDOUS	MATERIALS	
	1. Are you a Unit		□ YES	□ <mark>NO</mark>							
	2. If you marked	no to the pre	evious question	, are you a Ur	nited States na	tional?			☐ YES	□ NO	
		·					nor status, if	applicable.)	☐ YES	□ NO	
NO NO	3. Would you like to be an organ donor? (Selecting no will cancel your current organ donor status, if applicable.)4. Have you ever been known by a different legal name?									□NO	
MAT	Name(s):	☐ YES									
ADDITIONAL DRIVER AND VOTER INFORMATIO	5. Within the las	YES	□NO								
Ŧ	Date(s) and St										
9	6. Have your driv		☐ YES	□NO							
AND	Date(s) and Re										
RIVER	7. Within the pas or any other s		☐ YES	□ NO							
ALD	Explanation:										
NOI	8. Would you like		☐ YES	□ <mark>NO</mark>							
TIQ	9. If you marked	☐ YES	□ <mark>NO</mark>								
Ā	Voter Registration Information: To register to vote, you must be a US Citizen, an Alaska resident, and 18 years of age or older, or within 90 days of turning 18. If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes. If you register to vote, the office at which you submit this voter registration application will remain confidential and will be used only for voter registration purposes. To vote, you										
		8, registered in	another jurisdict	ion, judicially d	etermined to be	of unsound mind,	or convicted	of a felony involving			

APPLICANT SIGNATURE	I. I certify under penalty of perjury that all information provided on this application is true. False statements are punishable under AS 11.56.210 and AS 15.56.050.											
	II. I acknowledge that by receiving an Alaskan credential, any other credential from another state may be cancelled or invalidated.											
	III. I understand the type of license(s) that are available to me and I have chosen the license that I would like.											
	IV. If I made an anatomical gift, I understand the information on my license will be transmitted to a donor registry created under AS 13.50.110.											
	V. I understand it is my responsibility to notify DMV if my license is destroyed or mutilated or if my anatomical gift is revoked under AS 13.52.183.											
	VI. If I registered to vote using this form, I meet the requirements to register to vote, I will meet the requirements to vote, and I am not regis-											
	tered to vote in another jurisdiction or I agree to cancel that registration.											
PPLI												
₹	APP	APPLICANT PRINTED NAME										
	Δ P P	PLICANT SIGNATURE		 DATE	LDAP/OFFICE (DMV)							
	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Eleant Sidivatoric			DATE	EDAL/OTTICE (DIVIV)						
	NAI	ME OF PARENT, LEGAL GUARDIAN OR RESPONSIBLE ADULT		RELATIONSHIF	P TO APPLICANT							
CANTS												
	By signing below, I certify that I am eligible to authorize this minor for the applicable credential, as pursuant to AS 28.15.071, and if this minor is											
		plying for a provisional license, they have had at least 40 hours of drivi	-	_								
PLI		cumstances. I understand that I am liable for damages caused by the n	ninor who	en driving a mo	tor vehicle and I r	may file a written request with						
AP.	DM	IV to cancel the license or permit.										
CONSENT FOR MINOR APPLICANTS												
	ADI	ULT SIGNATURE (MUST BE SIGNED IN FRONT OF NOTARY OR DMV)	DA	.ΤΕ	IDENTITY DOCUMENT #							
Ä	NO.	TARY PUBLIC OR DMV REPRESENTATIVE	DA	TE.	COMMISSION EXPIRATION							
NSE												
8	NOTARY STAMP:											
	LDA	AD/OFFICE.	VICION :	TECT DECLUITS.	1 oft 20/ D	Dight: 20/ Poth: 20/						
DMV USE SECTION REVISION DATE: FEB 2022	LDA	AP/OFFICE:	VISION TEST RESULTS: Left: 20/ Right: 20/ Both: 20/ Corrective Lenses: ☐ Yes ☐ No									
	DAT	TE:		Blind Test:								
		TCLL III.	Other Verification:		☐ Med Card ☐	Doctor's Note						
	BAI	TCH #:	KNOWL	EDGE TEST(S):	□ General □	☐ Motorcycle ☐ Alcohol						
	PAY	MENT TYPE:				☐ Double/Triple ☐ Air Brake						
			☐ HAZ	MAT	☐ Passenger ☐	☐ School Bus ☐ Combo						
	DO0	CUMENTS ACCEPTED:	ROAD TEST(S) PASSED: Standard Commercial									
	ADE	DITIONAL INFORMATION:	NOAD I	LS1(S) 1 ASSLD.								
FORM												
4	I											